

| APPLICATION FOR PROFESSIONAL TRAINING <small>For use of this form, see AR 351-3; the proponent agency is the Office of The Surgeon General</small> | | | | | | DATE | |
|--|---------|-----------------------------------|-----------------------------------|--|---|---|-----------------------|
| THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974 | | | | | | | |
| 1. AUTHORITY: 10 USC 3012. 2. PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for professional training. 3. ROUTINE USES: a. To evaluate application for long and short courses in civilian institution training and federal facility training. b. To notify SGPE-ED of approval or disapproval of application. c. To record application for professional training in individual's personnel records. 4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary. However action on application will not be finalized without completion of form. | | | | | | | |
| TO: | | | | FROM: | | | |
| GENERAL - ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 19 | | | | | | | |
| 1. TYPE OF FACILITY SPONSORING TRAINING <i>(Check applicable box)</i> <input type="checkbox"/> CIVILIAN INSTITUTION <i>(non-Federal)</i> <input type="checkbox"/> FEDERAL FACILITY <input type="checkbox"/> AMEDD <input type="checkbox"/> ARMY <i>(Less AMEDD)</i> <input type="checkbox"/> OTHER MILITARY <i>(Air Force, Navy)</i> <input type="checkbox"/> NON-MILITARY <i>(PHS, VA, etc.)</i> | | | | 2. CATEGORY OF TRAINING DESIRED <i>(Check applicable box)</i> <input type="checkbox"/> SHORT COURSE <input type="checkbox"/> LONG COURSE <i>(List specialty after appropriate category)</i> <input type="checkbox"/> DEGREE <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> RESIDENCY <input type="checkbox"/> INTERNSHIP | | | |
| 3. NAME | | 4. GRADE | 5. MOS/SSI | 6. CORPS/BRANCH | 7. SSN | | 8. SECURITY CLEARANCE |
| 9. UNIT AND STATION <i>(Address and Zip Code)</i> | | 10. UIC | | 11. DUTY POSITION | | 12. OFFICE PHONE <i>(Include area code and autovon)</i> | |
| | | | | | | HOME PHONE | |
| 13. PURPOSE <i>(Name of course, degree, etc. Attach copy of course brochure.)</i> | | | | 14. LOCATION OF SCHOOL <i>(Address and Zip Code - Add location of training if different from school)</i> | | | |
| DATES OF SCHOOLING EXCLUDING TRAVEL TIME <i>(Day, Month, Year)</i> | | 17. LIST COSTS AS APPLICABLE | | | 18. CATEGORY OF SERVICE | | |
| 15. BEGIN | 16. END | REGISTRATION _____ | | | <input type="checkbox"/> REGULAR ARMY <input type="checkbox"/> INDEFINITE | | |
| | | TUITION _____ | | | <input type="checkbox"/> OBV, ETS <i>(Day, Month, Year)</i> | | |
| | | OTHER _____ | | | | | |
| 19. PARTICIPATION IN FEDERALLY FUNDED PROGRAMS | | | | | | | |
| <input type="checkbox"/> HPSP <input type="checkbox"/> 601-112 <input type="checkbox"/> USUHS <input type="checkbox"/> SENIOR STUDENT PROGRAM <input type="checkbox"/> DELAY PROGRAM UNTIL _____ <input type="checkbox"/> NONE | | | | | | | |
| SHORT COURSES - ITEMS 20 THROUGH 27 | | | | | | | |
| 20. LIST COURSES TAKEN DURING CURRENT AND PRIOR FISCAL YEAR <i>(Include courses in both federal facilities and civilian institutions and source of funding, e.g., local, MACOM, OTSG, AMEDDPERSA Central Training Program. If none, so indicate.)</i> | | | | | | | |
| | | | | | | | |
| 21. MAN-DAYS <i>(Excluding travel time)</i> FOR COURSE LISTED IN BLOCK 13 | | | 22. PROFESSIONAL LICENSE OBTAINED | | | 23. SIGNATURE <i>(Applicant)</i> | |
| | | | | | | | |
| 24. LOCAL APPROVING AUTHORITY <i>(Check appropriate box and add remarks if applicable)</i> | | | | | | | |
| <input type="checkbox"/> I RECOMMEND APPROVAL <input type="checkbox"/> I DO NOT RECOMMEND APPROVAL | | | | | | | |
| | | | | | | | |
| 25. DATE | | 26. NAME, GRADE, BRANCH AND TITLE | | | 27. SIGNATURE <i>(Local approving authority)</i> | | |
| | | | | | | | |

| LONG COURSES, INTERNSHIPS, RESIDENCIES AND FELLOWSHIPS - ITEMS 28 THROUGH 61 | | | | | | | | | | | | |
|--|---------------------------|---------------------|------------|-----------------------------------|----|---|---|---|--|------------------------------------|----|----|
| 28. DATE OF BIRTH | ACTIVE FEDERAL SERVICE | | | | | | 32. CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> OTHER (Specify) | | | | | |
| | 29. MONTHS | 30. DATES (From-To) | 31. BRANCH | | | 33. STATE OF DOMICILE (Legal residence) | | | | | | |
| 34. ECFMG STANDARD CERTIFICATE NO. (If applicable) | ATTACHMENTS | | | YES | NO | NA | ATTACHMENTS | | | YES | NO | NA |
| | 35. TRANSCRIPTS | | | | | | 38. SPECIALTY BOARD CERTIFICATION | | | | | |
| | 36. LETTERS OF ACCEPTANCE | | | | | | 39. RESULTS OF GRE/ATGSB | | | | | |
| | 37. PHOTOGRAPH | | | | | | 40. LETTERS OF RECOMMENDATION | | | | | |
| EDUCATION | | | | | | | | | | | | |
| 41. ACADEMIC SCHOOL AND LOCATION | | | | | | 42. DEGREE | | 43. MAJOR | | 44. GRADUATED (Day, Month, Year) | | |
| INSTITUTION AND LOCATION | | | | | | SPECIALTY | | | | INCLUSIVE DATES (Day, Month, Year) | | |
| 45. INTERNSHIP | | | | | | 46. | | | | 47. | | |
| 48. RESIDENCY | | | | | | 49. | | | | 50. | | |
| 51. FELLOWSHIP | | | | | | 52. | | | | 53. | | |
| 54. TRAINING FACILITY DESIRED <i>(Indicate at least 3 primary hospitals by placing 1, 2 or 3 in appropriate space when making a selection)</i> | | | | | | | | | | | | |
| PRIMARY MEDICAL/DENTAL FACILITY | | | | | | DARNALL ACH/DENTAC, FT HOOD, TX | | | | | | |
| <input type="checkbox"/> BROOKE AMC/DENTAC, FSH, TX | | | | | | <input type="checkbox"/> DeWITT ACH, FT BELVOIR, VA | | | | | | |
| <input type="checkbox"/> DD EISENHOWER AMC/DENTAC, FT GORDON, GA | | | | | | <input type="checkbox"/> WOMACK ACH, FT BRAGG, NC | | | | | | |
| <input type="checkbox"/> FITZSIMONS AMC, AURORA, CO | | | | | | <input type="checkbox"/> HAYS ACH/DENTAC, FT ORD, CA | | | | | | |
| <input type="checkbox"/> LETTERMAN AMC/DENTAC, SF, CA | | | | | | <input type="checkbox"/> DENTAC, FT KNOX, KY | | | | | | |
| <input type="checkbox"/> MADIGAN AMC, TACOMA, WA | | | | | | <input type="checkbox"/> CIVILIAN INSTITUTION (Name, Address, Zip Code) | | | | | | |
| <input type="checkbox"/> TRIPLER AMC/DENTAC, HONOLULU, HI | | | | | | | | | | | | |
| <input type="checkbox"/> WALTER REED AMC/DENTAC, WASH, DC | | | | | | | | | | | | |
| <input type="checkbox"/> WILLIAM BEAUMONT AMC/DENTAC, EL PASO, TX | | | | | | | | | | | | |
| <input type="checkbox"/> MARTIN ACH, FT BENNING, GA | | | | | | | | | | | | |
| 55. OBLIGATORY STATEMENT <i>(Applies to all AMEDD Officers)</i> <p>I understand and agree that if selected for training any tender of resignation or request for release from active duty on my part will be disapproved until the total period of obligated active service is completed, except for the convenience of the Government or in case of extreme compassionate circumstances. If appointed in the Regular Army in conjunction with my application for schooling, I also understand that my obligation to serve three years subsequent to date of acceptance of appointment and my active duty obligation incurred as a result of schooling may be discharged concurrently.</p> <p>I understand that my service obligation following schooling will be computed in accordance with AR 351-3. I further understand that the obligated service which I will incur as a result of participation in any other school programs sponsored by Department of the Army will generally be in addition to the service required as a result of this application, and that determination of the total amount of service required to be performed subsequent to completion of all schooling will be determined by the Department of the Army.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>I HAVE APPLIED FOR REGULAR ARMY</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE</p> </div> <div style="width: 45%;"> <p>I HAVE APPLIED FOR INDEFINITE SERVICE</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE</p> </div> </div> | | | | | | | | | | | | |
| 56. I have read and fully understand the preceding concerning service required of personnel participating in Government sponsored schooling programs and agree to serve on active duty subsequent to completion or termination in accordance therewith. | | | | | | | | 57. SIGNATURE (Applicant) | | | | |
| 58. LOCAL APPROVING AUTHORITY <i>(Check appropriate box and add remarks if applicable)</i> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> I RECOMMEND APPROVAL <input type="checkbox"/> I DO NOT RECOMMEND APPROVAL </div> | | | | | | | | | | | | |
| 59. DATE | | | | 60. NAME, GRADE, BRANCH AND TITLE | | | | 61. SIGNATURE (Local approving authority) | | | | |